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MESSAGE FROM THE GOVERNOR

REORGANIZATION

PLAN NO. 10

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APRIL 3, 1973

MESSAGE FROM THE GOVERNOR

Mr. President and Members of the Senate:

Mr. Speaker and Members of the House of Representatives:

I have received from the State Reorganization Commission and herewith transmit to your Honorable body with my approval Reorganization Plan No. 10, together with the Commission's letter of transmittal and the comments of the affected agencies attached thereto.

The plan creates the South Carolina Board of Health and Environmental Control and the South Carolina Department of Health and Environmental Control through the consolidation of the following agencies or bodies: the State Board of Health, the Executive Committee of the State Board of Health, the State Department of Health and the State Pollution Control Authority.

The effect of the merger would be to acknowledge the essential inter-relationship of pollution control and public health as functions of the total living environment in South Carolina, and to restore the structural unity by which these functions could be administered in a well-coordinated manner. Consolidation of these agencies not only re-establishes the traditional operating cohesion of health and pollution control within a single agency, it also reaffirms this state's continuing commitment to the quality of its living environment as a matter of high public priority.

Under the proposed reorganization structure, the newly-created South Carolina Board of Health and Environmental Control would be composed of seven members, one from each Congressional District, and one from the State at-large, to be appointed by the Governor, upon the advice and consent of the Senate. Establishment of a board thus broadly-based gives landmark recognition to a long-valid principle: matters pertaining to the quality of public health and living environment in our state are best determined by citizens representing all the people of the state, and not those designated by a special group or for a special purpose. In such a manner, policies and decisions controlling these important functions of government reflect the interests of the public in general and strengthen

government's ability to respond faithfully to the will and sentiment of the citizens of the state.

It is thus for two basic reasons that I strongly support Reorganization Plan No. 10: (1) Merger of these agencies and groups will provide a more effective administrative structure by which all these functions can be performed, and, (2) a broadly-based board of citizens setting policy in these matters affirms our belief that public involvement and leadership is the cornerstone of representative government, particularly in areas where literally every citizen of our state is affected.

Based upon the above reasons, I therefore recommend favorable consideration of Reorganization Plan No. 10, and urge its adoption by this General Assembly.

Respectfully submitted,
JOHN C. WEST

Governor

March 28, 1973

REORGANIZATION PLAN NUMBER 10

(Approved March 1, 1973 by State Reorganization Commission)

A BILL

To consolidate the State Board of Health, the Executive Committee of the State Board of Health, the State Department of Health, and the State Pollution Control Authority into an Agency to be Known as the South Carolina Department of Health and Environmental Control.

Whereas, it has been found and declared by the State Reorganization Commission, after examination and investigation, that in order to conform with Section 9-202, Code of Laws of South Carolina, 1962, and to achieve one or more purposes of Section 9-201 and certain other provisions of Chapter 3 of Title 9 of the 1962 Code, to be in the public interest of the State to combine and consolidate the State Board of Health, the Executive Committee of the State Board of Health, the State Department of Health, and the Pollution Control Authority of South Carolina into one agency, to be known as the South Carolina Department of Health and Environmental

Control which shall be governed by the South Carolina Board of Health and Environmental Control. Now, therefore,

Be it enacted by the General Assembly of the State of South Carolina:

Section 1. There is hereby created the South Carolina Department of Health and Environmental Control which shall be administered under the supervision of the South Carolina Board of Health and Environmental Control. The board shall consist of seven members, one from each congressional district, and one from the State at large to be appointed by the Governor, upon the advice and consent of the Senate. The terms of the members shall be for four years and until their successors are appointed and qualify, except that of the original appointees, three shall be appointed for two years and four shall be appointed for four years. All vacancies shall be filled in the manner of the original appointment for the unexpired portion of the term only. A chairman, and such other officers as it deems necessary, shall be elected annually by the board from its membership; *provided*, that initially the chairman shall be appointed by the Governor.

Section 2. The board shall meet at least quarterly and the members shall receive such compensation for their services as is provided by law for members of boards and commissions.

Section 3. At its first meeting the board shall organize and select a commissioner for the department who shall serve a four-year term beginning July 1, 1973, and who shall have such authority and perform such duties as may be directed by the board. The salary of the commissioner for the year 1973-74 shall be fixed by the board, upon approval of the State Budget and Control Board. In order to carry out the provisions of this section the Governor shall appoint the board members as soon as practicable after the effective date of this section, so that the board may organize and select a commissioner prior to July 1, 1973.

Section 4. The board or its designated agents may conduct such hearings as may be required by law or as deemed necessary by the board. The board shall provide for the administrative organization of the department and may consolidate and merge existing duties, functions and officers of the former

agencies as may be necessary for economic and efficient administration.

Section 5. All of the functions, powers and duties provided by law to the State Board of Health, its officers or agencies, to the Executive Committee of the State Board of Health, to the State Department of Health, and to the Pollution Control Authority are hereby transferred to the Department of Health and Environmental Control. All records, property, personnel, unexpended appropriations, and appropriations for 1973-74 for the State Board of Health, the State Department of Health, and the Pollution Control Authority are hereby transferred to the Department of Health and Environmental Control. Upon the effective date of this act, the State Board of Health, the Executive Committee of the State Board of Health, the State Department of Health, and the Pollution Control Authority of South Carolina are abolished.

Section 6. This act shall be cited as Reorganization Plan Number 10.

Section 7. This act shall take effect July 1, 1973, except Section 3 which shall take effect upon approval by the Governor.

SOUTH CAROLINA REORGANIZATION COMMISSION

Columbia, S. C., March 21, 1973

The Honorable John C. West
Governor of South Carolina
Columbia, South Carolina 29201

Dear Governor West:

The State Reorganization Commission has requested me to send you Reorganization Plan No. 10 and the accompanying declarations as required by law. Enclosed herein are the following:

(1) A bill providing for the creation of the South Carolina Board of Health and Environmental Control and the South Carolina Department of Health and Environmental Control. Reorganization Plan No. 10 is prepared in the form of a bill because of the requirement of Section 9-221 of the Code which

states that "No reorganization plan shall be considered adopted unless it is passed as an act."

(2) A letter of declaration from the Chairman of the Executive Committee of the State Board of Health, Dr. John B. Martin, Jr.

(3) A letter of declaration from the Executive Director of the South Carolina Pollution Control Authority, Dr. H. J. Webb.

After examination and investigation, the Reorganization Commission approved this plan as a means of achieving the objectives stated in Sections 9:201-202 and other provisions of Chapter 3 of Title 9 of the Code of Laws of South Carolina. The Plan provides for the consolidation of the functions now controlled by the State Board of Health, the Executive Committee of the State Board of Health, the State Department of Health, and the State Pollution Control Authority into a new Department of Health and Environmental Control. This department is to be controlled by the South Carolina Board of Health and Environmental Control, consisting of seven members appointed by the Governor, upon the advice and consent of the Senate.

The Reorganization Commission requests your early consideration of this Reorganization Plan and the accompanying declarations so that it may be submitted to the General Assembly in conformance with Section 9-220 of the Code.

If we can be of any assistance to you, please let me know.

Sincerely,

ROBERT MCC. FIGG, JR.,

Chairman

Enclosures: A Bill providing for Reorganization Plan No. 10
Letters of declaration from the Executive Committee of the Board of Health and the Pollution Control Authority

SOUTH CAROLINA STATE BOARD OF HEALTH

Columbia, S. C., March 14, 1973

The Honorable Robert McC. Figg, Jr., Chairman
South Carolina Reorganization Commission
233 Wade Hampton Office Building
Columbia, S. C. 29201

Dear Mr. Figg:

Enclosed is a declaration from the Executive Committee of the South Carolina State Board of Health with regard to Reorganization Plan No. 10 which has been approved by the Reorganization Commission.

The Executive Committee earnestly petitions that this group not be dramatically changed, and urges that the Commission direct attention to the fact that the State Board of Health and its successors, by whatever name it is called, or whatever additional duties it may assume or be given by legislative action, will continue to be primarily a health agency. The physicians of this State have jealously guarded their right and duty to protect the health of its citizens, and they urge those in authority to continue to give us this privilege.

It is believed that representatives of the South Carolina Medical Association would welcome an opportunity to appear before your group to further explain and discuss the position of the Association in this important and far-reaching action.

Please let us hear from you.

Sincerely,

JOHN B. MARTIN, JR., M.D.,

Chairman, Executive Committee

SOUTH CAROLINA STATE BOARD OF HEALTH

Columbia, S. C., March 14, 1973

DECLARATION
REORGANIZATION PLAN NO. 10

It has been the position of the State Board of Health that the pollution problem is basically a health problem, realizing of course that other concerns are involved, such as ecology,

industry, economics, wildlife, and foremost, the well-being of man. The State Board of Health welcomes the return of Pollution Control, and believes that through the public health district concept it has the organizational framework to carry out the combined functions of both agencies in a manner which will return in greatly improved services and benefits to the people of South Carolina.

Responsibilities of the new agency and its Board will be great and far-reaching. The following outline gives an overall view.

- I. Administration of Health and Environmental Programs in South Carolina
 - A. Programs Presently Conducted by the State Board of Health
 1. Environmental Health Programs
 - a. Public and Semi-Public Drinking Water
 - b. Certification of Public Water & Wastewater Treatment Plant Operators
 - c. Wastewater Systems
 - d. Recreational Waters
 - e. Shellfish Protection
 - f. Solid Waste Control
 - g. General Sanitation
 - h. Dairy Foods and Bottled Products
 - i. Food Protection
 - j. Vector Control
 - k. Environmental Health Laboratories
 2. Quasi Environmental Health — Personal Health Programs
 - a. Comprehensive Health Planning
 - b. Narcotic and Drug Control
 - c. Health Education
 - d. Health Counseling
 - e. Environmental Consultation
 - f. Emergency Health Services
 - g. Occupational Health
 - h. Radiological Health
 - i. Volunteer Services
 - j. Epidemiology and Health Statistics
 - k. Laboratory Research

3. Personal Health Programs

- a. Laboratory Services and Improvement
- b. Health Facilities Construction and Standards
- c. Health Services Certification
- d. Home Health Services
- e. Crippled Children's Treatment and Hospitalization
- f. Maternity Care
- g. Child Health Screening and Maintenance
- h. School Health
- i. Family Planning
- j. Exceptional Child Evaluation
- k. Acute Communicable Disease Control
- l. Cancer Detection and Treatment
- m. Heart Disease Control
- n. TB and Chronic Respiratory Disease Control
- o. Chronic Disease Detection
- p. Medical and General Nutrition
- q. Public Health Nursing
- r. Public Health Social Work
- s. Dental Health
- t. Personal Health Laboratories
- u. Migrant Health

B. Programs Which Will Be Added to the Above by Merger with PCA-Air Pollution Control

C. New Programs to Which Consideration Should be Given

- 1. Noise Control
- 2. Pesticide Accident and Incidence Reporting
- 3. Ocean Dumping

II. Coordination of Existing Programs and Services

Through the proposed reorganization it shall be the responsibility of the governing Board and Commissioner to integrate these programs and establish coordination guidelines within the new Department of Health and Environmental Control and with other State agencies.

Difficulties in achieving successful integration of the programs enumerated above could result. However, no difficulties are anticipated provided the membership of the Board includes representation of both consumers and

providers of health care and provided that the Commissioner is a physician knowledgeable in personal and environmental health, possessing demonstrated administrative skills, and utilizing good management practices.

III. Enforcement of Health and Pollution Laws

A. Laws Relating to Health—Section 32.8, Code of Laws of South Carolina—"May make, adopt, promulgate, and enforce reasonable rules and regulations from time to time requiring and providing:

1. For the thorough sanitation and disinfection of all passenger cars, sleeping cars, steamboats and other vehicles of transportation in this State and all convict camps, penitentiaries, jails, hotels, schools and other places used by or open to the public;
2. For the sanitation of hotels, restaurants, cafes, drugstores, hot dog and hamburger stands and all other places or establishments providing eating or drinking facilities and all other places known as private nursing homes or places of similar nature, operated for gain or profit;
3. For the production, storing, transportation and selling of milk and milk products;
4. For the sanitation and control of abatoirs, meat markets, whether the same be definitely provided for that purpose or used in connection with other business, bottling plants and canneries;
5. For the sanitation, processing and handling of shellfish, fish, crab meat, lobster and shrimp;
6. For the control of disease-bearing insects, including the impounding of waters;
7. For the sanitation of swimming pools and other bathing places, construction, tourist and trailer camps and fairs;
8. For the control of industrial plants, including the protection of workers from fumes, gases and dust, whether obnoxious or toxic;
9. For the use of water in air humidifiers;
10. For the care, segregation and isolation of persons

having or suspected of having any communicable, contagious, or infectious disease;

11. For the regulation of the methods of disposition of garbage or sewage and any like refuse matter in or near any village, town or city of the State, incorporated or unincorporated, and to abate obnoxious and offensive odors caused or produced by septic tank toilets by prosecution, injunction, or otherwise; and
12. For the thorough investigation and study of the causes of all diseases, epidemic and otherwise, in this State, the means for the prevention of contagious disease and the publication and distribution of such information as may contribute to the preservation of the public health and the prevention of disease.

The committee may make separate orders and rules to meet any emergency not provided for by general rules and regulations, for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious and infectious diseases and other danger to the public life and health."

B. Additional Laws Relating to Personal Health—The Board of Health also administers the following:

1. Comprehensive Health Planning—Section 32-501, S. C. Code of Laws, 1972 Supplement.
2. Construction and Modernization of Hospitals and Other Medical Facilities (Hill-Burton Program)—Section 32-762, S. C. Code of Laws, 1972 Supplement.
3. State Hospital Construction and Franchising Act, Section 32-761, S. C. Code of Laws, 1972 Supplement.
4. Emergency Health Services Act 1288 of 1970 General Assembly.
5. Maternal and Child Health and Crippled Childrens Services, Title V, Social Security Act, Rules and Regulations, S. C. State Board of Health.

6. Establish Rules and Regulations Regarding Fitting and Selling of Hearing Aids, Act R 749, 1971 General Assembly.
7. Administrative Agreement with S. C. Department of Labor—State Board of Health responsible for occupational health as defined by State Law to the Department of Labor and the federal Occupational Safety and Health Act of 1970.
8. Recommends to the General Assembly any additions, deletions, or revisions in the schedules of controlled substances of the State Drug Control Act, 3215.10.28, S. C. Code of Laws, 1972 Supplement.
9. Administrative Agreement with Department of Social Services—State Board of Health has responsibility for certification of quality of health services rendered in health facilities.
10. State Board of Health is designated as the State agency which shall be responsible for the control and regulation of radiation sources—Section 1-400.14, S. C. Code of Laws, 1972 Supplement.

C. Laws Relating to Pollution—Section 53-195 et seq., S. C. Code of Laws—The Board (Pollution Control Authority) may provide for:

1. The establishment and enforcement of rules and regulations relating to the contamination of waters.
2. The establishment and enforcement of rules and regulations relating to the contamination of the ambient air.
3. Standards of quality for the waters and ambient air.
4. Classification of waters by use.
5. The establishment and setting of such administrative policy and procedure as necessary for the issuance of permits, orders, compliance schedules, enforcement actions, and administration of grants, and variances.

VI. Exercise of Responsibility

- A. From the above it is readily determined that the re-

sponsibility and authority of the Board and Commissioner will be broad and far-reaching. It is essential that a clear working relationship between the agency (Commissioner) and the Board be established at the outset so that administrative details and bureaucratic obstruction to services can be avoided.

For example, it is desirable that permits, orders, hearing, and variances be an administrative function, with the right of the individual to appeal to the agency head, and further, in order to permit an aggrieved party to exhaust all administrative remedies prior to court action, it will be necessary for the Board of Health and Environmental Control to hear appeals.

- B. In order to provide for a smooth transfer of functions and responsibilities between the two merged agencies into a satisfactory integration of program responsibilities within the newly created agency it would seem the better part of judgment that the new Board be composed of members from the existing Board of Health who are familiar with responsibilities and services to be provided by the new agency. Therefore, it is clearly evident that there should be appointed members from the existing Executive Committee of the State Board of Health to the newly created Board, since major responsibilities of the newly created agency will be derived from existing authorities and programs of services now within the State Board of Health.
- C. Technical Advisory Committees have been established to assist the Board of Health in making rules and regulations. Such committees include:
 1. Provided by Statute
 - a. Advisory Council for Comprehensive Health Planning
 - b. Advisory Hospital Council
 - c. State Commission for Hearing Aid Dealers and Fitters
 - d. Technical Advisory Radiation Control Council
 - e. Tuberculosis Control Advisory Council
 - f. Emergency Medical Services Advisory Council
 - g. Laboratory Advisory Committee

2. Provided by Executive Committee
 - a. Merit System Council
 - b. Joint Health and Education Committee
 - c. Dairy Advisory Board
 - d. Food and Lodging Committee
 - e. Committee on Industrial Medicine
 - f. Maternal Health Committee
 - g. Committee on Infant and Child Health
 - h. Cancer Advisory Committee
3. Proposed Advisory Councils
 - a. Water Standards
 - b. Air Standards

V. Composition of the Governing Board

Due to the extensive authority and far-reaching responsibilities of the Board as they relate to health and environmental control programs, and the adoption of rules and regulations which govern the health and livelihood of so many people, it is mandatory that consideration be given to provisions for the addition of more members to the Board.

Broader representation is required, as the Board will be involved in decisions which will govern not only the health and well-being of the people of the State, but decisions which will govern the very livelihood of many people whose occupations will be policed by the Department of Health and Environmental Control. For a nation which was founded on the principle of government of the people and by the people, clearly there needs to be adequate representation on the governing authority of those persons to be governed. A seven-member Board does not insure adequate representation of all parties so governed by the rules and regulations which will be promulgated by the agency; therefore, we submit that it is imperative that the membership of the Board be enlarged.

Since it is a recognized fact that the basic element common to all rules and regulations which the Board will be promulgating is the health and well-being of the citizens of the State, it is therefore imperative that they be provided adequate health input into the deliberations of the Board. Adequate health input can only be assured by designating that certain members of the Board be trained and skilled in health mat-

ters—i. e., that a specified number of the Board be qualified physicians, and that the Governor shall appoint these members as recommended by the South Carolina Medical Association. It was the original position of the Executive Committee that pollution control activities belong with the State Board of Health and that additional knowledgeable persons in the area of pollution control would make desirable contribution as members of the Committee if such activities were transferred back to the Board of Health. However, it was the firm position of the Executive Committee that the relationship of the State Board of Health and the South Carolina Medical Association should remain unaltered and that the composition of the governing body of the Board of Health—i. e., the Executive Committee—not be significantly altered.

A review of the services provided by the existing State Board of Health reveals that by and large those personal health services provided are health screening services for the purpose of early identification of diseases. Once an individual is "screened" he is then referred by the public health worker to a practicing physician who in turn provides the necessary medical care. Health screening and medical care are needed in meeting the pressing health needs of this State. Close cooperation between the practicing physicians and the agency will have to be continued in order to meet the health needs of the people of the State and to achieve the expectations of the new Board and agency. It is essential that there be adequate representation of the medical profession on the Board—i. e., physicians professionally engaged in the rendering of health services.

The responsibilities of the Board have been recognized to be broad and far-reaching. Much deliberation, time, and work will be required of members of the Board. Additional members would provide for the division of work among them, or between subcommittees assigned to specific tasks.

For the above-stated reasons it would appear to be in the best interest of the people of South Carolina that Board membership should be enlarged to fifteen members, with the designation that eight members of the Board be engaged professionally in rendering health services and that at least six of

these eight members shall be licensed to practice medicine in South Carolina.

JOHN B. MARTIN, JR., M.D., *Chairman*
State Board of Health Executive
Committee

SOUTH CAROLINA POLLUTION CONTROL AUTHORITY

March 15, 1973

Mr. Robert McC. Figg, Jr., Chairman
 South Carolina Reorganization Committee
 Room 233
 Wade Hampton Office Building
 Columbia, South Carolina 29201
 Dear Dean Figg:

As per your letter of March 5, 1973, we are enclosing our response to the proposed reorganization plan 10. We discussed the procedure with the Authority yesterday and it was their reaction that the response should be by the Executive Director rather than from them. This statement should, therefore, be considered as the official response from the Director.

Yours truly,
 H. J. WEBB
Executive Director

HJW:bp

DECLARATION OF EXECUTIVE DIRECTOR SOUTH
 CAROLINA POLLUTION CONTROL AUTHORITY TO
 STATE REORGANIZATION PLAN 10

It has been, and continues to be, our recommendation that a State Department of Environmental Quality be established and that all activities concerned with the protection of the environment be consolidated into that Department. This recommendation is in keeping with recent trends in other states of the nation. The various states' organizations vary so greatly that it is difficult to make categorical statements relative to environmental quality management programs. Based on the latest information available to us, however, it appears that thirty-four (34) of the fifty (50) states have water pollution control agencies that are not connected with Health Depart-

ments. Twenty (20) states and Puerto Rico have "consolidated pollution control functions" in agencies other than Health Departments, and twenty-seven (27) states have air quality control agencies separate from the Health Agencies.

Certainly environmental quality, as well as many other factors, affects the health of the public. We insist, however, that providing safeguards for the protection of the environment requires a unique expertise in sciences that is not coincident with other professions. We believe, therefore, that policies, practices, standards, and procedures that are developed for the protection of the environment should be determined by scientists that are proficient in specialties that are involved with environmental protection. The protection of our environment requires a team approach with specialists who possess expertise in fields such as engineering, chemistry, aquatic biology, microbiology, etc. Supervision of these scientists by some other professional group constitutes inefficient and ineffective redundancy.

The control of both health and environmental activities by one Board gives us a great deal of concern from a practical standpoint in that the amount of time required would make it extremely difficult for a Board that is not on a full-time basis. At present, the agenda of the Pollution Control Authority is such that it has been found necessary to hold two meetings per month. This is in addition to time spent in Committee meetings and time spent reviewing briefs, proposed regulations, compliance schedules, etc. If these responsibilities are combined with those previously exercised by the Board of Health, it would appear that time and energy demands would exceed that which should be expected of unpaid Board members.

The Pollution Control Authority has been negotiating with the Federal Environmental Protection Agency for delegation to the State the full responsibility of administering the National Pollutant Discharge Elimination System (NPDES). Interim authority has been given to the State, but this authority expires on March 18, 1973. We are of the opinion that the reorganization plan as proposed would cause a considerable delay in further developing the State's program, and this delay would jeopardize the authorization to administer the



NPDES program in the immediate future. It should also be pointed out that Federal funds for the construction of sewage treatment facilities (\$58 million for Fiscal Years 72 through 74) are contingent upon EPA approval of the State's program plan and an acceptable planning program must be a part of this program plan.

We repeat that we are still of the opinion that the State can best be served by an agency that is devoted exclusively to the protection of the quality of the environment. Such an organization will ensure a multi-disciplinary team approach to all facets of environmental quality and will retain the professional identity of the individuals involved. It would also ensure that professionals who have expertise in environmental sciences would direct and establish standards, supervise construction of facilities and monitor the environment.

On the other hand, it is recognized that reorganization plan 10 would provide a multi-interest Board that would be more responsive to the orderly and effective provision of health services to the citizens of South Carolina. It would be our recommendation, therefore, that the legislation which is enacted to implement this plan include adequate safeguards to ensure that neither the Health interests nor the environmental quality interests dominate the program of the other. To this end it would appear that the minimum safeguard would be a requirement that two commissioners be appointed. One would be responsible for public Health programs and one for environmental quality programs, and both would report directly to the same Board. We shall be happy to cooperate in the development of details for implementing this plan at the appropriate time.

H. J. WEBB

Executive Director

